## LOYALTY OATH

# CANDIDATES WITH NO PARTY AFFILIATION (Sections 876.05-876.10, Florida Statutes)

	(Contract)	is 070.00-079,10, Fib.10	31 T 44	India Charlis	
STATE OF FLOR	AOS		Miami-Dade	COUNTY	
(PLEASE PRINT)					
1 1		3,			
I, Joséph			FON	ANA	
First Na	me	Middle Name/Initial	L	ast Name	
a citizen of the State of hereby solemnly swear	Florida and of the Unit or affirm that I will sup	ted States of Amer port the Constitution	rica, and a candidate on of the United States a	te for public office do and of the State of Florida.	
		H OF CANI action 99.021, Florida S			
I, Jo	E FONTA	ON THE BALLOT - NAME	MAY HOT BE CHANGED AFTER THE	END OF QUALIFYING)	
		,	, <b>N</b> /A	N/A	
am a candidate for the	Lomin	(office)	(district)	(circuit)	
7718	ım a qualified elector o	• • • • •	i-Dade Coun	ty, Florida.	
(group)				e ordinances and Charter	
nominated or elected part thereof runs co	<ol> <li>I have qualified for:</li> </ol>	no other public of ice I seek; and I	fice in the state, the to have resigned from an	e to which I desire to be erm of which office or any y office from which I am	
UNDER PENALTIES OF CANDIDATE AND THA	F PERJURY, I DECLARE T THE FACTS STATED I	THAT I HAVE REA IN EACH ARE TRUI	D THE FOREGOING LO	YALTY OATH AND OATH OF	
STATE	X				
SIGN			_ 4		
HER	E S	Fuela F	man		
			Signature of Candidate		
- CO- A	11: 210 .	•	12-78/1-00 Cg	(305)861-0659	
Mailing Address	Lins Ave:		Day Phone	(305) 861-0659 Fax Number	
			₹•		
	,		:		
Minni B	ente l	la.	33140	Sept- 7. 2001	
City		itate	Zip Code	Sate Signed	

FORM 1	STATEM	MENT OF	2000		
	FINANCIAL	INTERESTS	<b>3</b>		
AST NAME - FIRST NAME - MIDDI	E NAME;	NAME OF REPORTING P	ERSON'S AGENCY:		
FONTANA. SOS	igh	C/7/ El	minim Bench		
MAILING ADDRESS: 5750 COLLIA	ic Aus .	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):			
. ,	33140 DAde.	LOCAL OFFICE CANDIDATE	CER STATE OFFICER SPECIFIED STATE EMPLOYEE		
CITY: ZIP:	COUNTY:	. ~	TION HELD OR SOUGHT:		
		Commissi	ONER.		
IES. BEGINNING IN 2001, THE LEGIO POLLAR VALUES, WHICH REQUIRES MENT REFLECTS EITHER (check one)	OR REPORTING FINANCIAL INTER SLATURE HAS ALLOWED FILERS TO FEWER CALCULATIONS (see instru	HE OPTION OF USING REPO ctions for further details). PLE	E, USUALLY BASED ON PERCENTAGE VAL- DRTING THRESHOLDS THAT ARE ABSOLUTE EASE STATE BELOW WHETHER THIS STATE- LLAR VALUE THRESHOLDS (new method)		
ART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the SOUR ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ERTIFICATE 4 DEPOST,	Force Delega BA	WE BROWN, NY	PASSIVE FUVESIMENT		
BUSINESSLOAN- GLROJAL	Word BISCAINE HId.	mini Fla	PASSIVE FUNTAMENT		
VSINESS LOAN.	Buy Harebon Is	land ElA.	PASSINE ZWESTMENT		
MUNEY MARKET	BANK DAM	NERICA"	DASSIDE FULSTMENT		
		<del></del>			
		<del></del>			
	•		I .		

PART B SECONDARY SOURCE	ES OF INCOME [Major customers, clients, and	other sources of income to busine	sses owned by the reporting person]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Mare.			

PART C - REAL PROPERTY	[Land,	buildings owner	i by	the	reporting	person
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Cosdo-5750 Collins Ave. Mani Beach. Fla.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

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PART D — INTANGIBLE PERSO TYPE OF INTANG	NAL PROPERTY (Stocks, bonds, ce	ntificates of deposit, etc.] BUSINESS ENTITY TO WHICH THI	E PROPERTY RELATES	
	52	e Front		
PART E — LIABILITIES [Major d	ebts]			
NAME OF CREDI		ADDRESS OF CR	EDITOR	
lox	<u> と</u> _		the state of the s	
			<del> </del>	
PART F INTERESTS IN SPEC	IFIED BUSINESSES [Ownership o	r positions in certain types of businesses]		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	1001			
PRINCIPAL BUSINESS ACTIVITY	, , , , , , , , , , , , , , , , , , ,			
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE:		DATE SIGNED	Capt - 7. 2001	
74-74 00	uji-c		N 1. 7 - 01	

#### WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

## NOTE: MULTIPLE FILING UNNECES-SARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

# WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**FILING INSTRUCTIONS:** 

Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

### WHEN TO FILE:

Initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.